

Assertive Community Treatment

ISSUE 13 WINTER 2017

MO ACT NEWSLETTER

Hello from DMH

Burrell Behavioral Health
Columbia TAY Team
Columbia MI/DD TAY Team
Springfield Adult Team
Springfield TAY Team

Compass Health:
Nevada Adult Team
Raymore TAY Team
Cridler St. Charles TAY Team
Jefferson City TAY Team

Family Guidance Center
St. Joseph Adult Team

Ozark Center - Joplin:
Adult Team
TAY Team

Places for People - St. Louis:
ACT 1 Team
Home Team
IMPACT Team
FACT Team

St. Patrick Center
St. Louis Adult Team

Hopewell
St. Louis TAY Team

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Missouri selected to participate in the new demonstration program to improve access to high-quality behavioral health services!

The Excellence in Mental Health Act, co-sponsored by Senator Roy Blunt, allows states to obtain federal funds for a demonstration program to develop Certified Community Behavioral Health Clinics (CCBHC) with a Medicaid Prospective Payment System (PPS) for service reimbursement. Missouri was one of 24 states to receive a planning grant to develop an application for the demonstration. DMH, DSS and OA ITSD collaborated on a successful application and demonstration implementation project which was awarded in December 2016 to Missouri, one of only eight states to receive an award. Missouri is just launching the pilot program and anticipates 19 community mental health centers will participate. This demonstration is part of a comprehensive effort to integrate behavioral health with physical health care, increase consistent use of evidence-based practices, and improve access to high quality care for people with mental and substance use disorders. Under the program, selected states will be reimbursed through Medicaid for

behavioral health treatment, services, and supports to Medicaid-eligible beneficiaries using an approved prospective payment system. To qualify for certification, CCBHCs provide core services across the lifespan, utilize evidence-based practices and health information technology, report on quality measures, and coordinate care with primary care providers and hospitals in the community. Populations to be served are adults with serious mental illness, children with serious emotional disturbance, and those with long term and serious substance use disorders, as well as others with mental illness and substance use disorders. The demonstration program reflects a broader Administration-wide strategy to create a health care system that results in better care, smarter spending, and healthier people. You can read more information by following this link: <https://www.samhsa.gov/section-223>

To be added to the distribution list for this newsletter, please click to contact lori.norval@dmh.mo.gov requesting the addition of your email address.

Welcome new ACT teams!



MYTH - Requiring people to taper off MAT (Medication Assisted Treatment) helps them get healthy faster.

FACT - Requiring people to stop taking their addiction medications is counter-productive and increases the risk of relapse. Because tolerance to opioids fades rapidly, one episode of opioid misuse after detoxification can result in life-threatening or deadly overdose.

Taken from Legal Action Center MAT Toolkit

Missouri ACT is on the web!

<http://dmh.mo.gov/mentalillness/provider/act.html>



WELCOME NEW FACES AND TEAMS!

We want to welcome those individuals that have recently joined our ACT teams!

Places for People FACT:
Kas'Quri – Vocational Specialist

Places for People Home Team:
Daren Jones – Substance Use Specialist



Hopewell TAY team:
Marquette Lane Brown – CSS

St. Patrick Center team:
David Barton – CSS

Burrell TAY Columbia:
Kathy Gentner – Program Assistant

Burrell TAY Team Springfield:
Tammy Collins – RN

Compass Health TAY Jefferson City
Renata Johnson – CSS

Compass Health Crider TAY St. Charles
Lisa Creath – Team Leader

Ozark Center Adult Team:
Vanessa Merrill – Peer Specialist

Ozark Center TAY Team:
Amy Manrique – Substance Use Specialist
Tyrone Anderson – Vocational Specialist

ACT Tips & Tools of the Trade

Medication treatment for ACT clients

The ACT team continuously provides clients and their families information about how medications work and their role in the treatment of symptoms of mental illness. This may involve a biomedical explanation for some clients, while for others something less technical may be more helpful. Because clients require time to successfully integrate this information, education must be provided over multiple cycles of poor medication adherence, symptom exacerbation and subsequent improvement with medication. Education is a function performed primarily by the psychiatrist and other quali-

fied members of each client's integrated treatment team. The following are some of the educational methods more commonly used by the team:

- Consistently discussing the purposes of the medications a client is taking
- Building up medication regimens gradually so that clients can clearly see the effect of each medication; for the same purpose, attempting to gradually reduce medications, when a client wants to stop taking them
- Educating, both verbally and in writing, in language that is geared to the client's and the family's background
- Enlisting the help of other clients, individually and in groups, to talk with a client about their experience with medications
- Acknowledging that there are limitations in the knowledge of how medications work and that other factors beside medications can lessen symptoms

*These tips are relevant when using MAT treatment for clients diagnosed with co-occurring disorders.

Taken from "A Manual for ACT Start-Up", 2003 Ed. By Allness and Knoedler

TEAM MEMBER SPOTLIGHT



For resource information on Supported Employment and Education services for Transitional Age Youth, visit the DMH website:

<http://dmh.mo.gov/men-talillness/transitionalageyouth.html>

Name: Jacob Hefner

Team: Ozark Center ACT-TAY

Position: Team Leader

How long have you been on the team? Our team started March 1st, 2016, and we accepted our first client on May 23rd.

What is your favorite food? Probably BBQ is my favorite. Or Pizza.

What is your favorite part about being on an ACT team? I truly have a great team that always finds a way to get things done. Being able to work shoulder to shoulder with a group that absolutely loves helping others and doesn't know when to quit- that really gets me excited. Hearing words like, "I wanted to quit this program so many times, but you guys are real people who really care, and it's kept me coming back!" To operate under the framework that each individual has the capacity to succeed, to achieve, and that it is our task to find the avenue to make that happen. Basically, real people help

ing real people.

What is something you would like to share with other teams? First, I'd like the other ACT and ACT-TAY teams to know we have truly appreciated the collaboration, teamwork, and effort you all have put into making programs like this successful. It works. It matters. One of my favorite quotes is, "I'd rather light a candle than curse the darkness." For so many of those of whom we come into contact, we have a chance to ignite hope. I am grateful for those who looked for a solution to the problems we are addressing, so teams like ours have the opportunity to exist. Second, be a team. ACT works because we are capable of more as a team than each of us individually. Our teams are designed to be strengths-focused, just as our approach to treatment is. Be supportive and take good care of each other. Finally, and perhaps most importantly, be about the person. A mentor once challenged me saying, "Jacob, if you want to care about those you are helping, you have to learn to care for the things they care about." I have found this statement to be true, and it drives much of our success as a team.

TMACT Corner

Role of Substance Use Specialist in Treatment (ST2)

The Substance Use Specialist has a number of service categories outlined in the TMACT protocol which are aspects of their role in treatment. One of these is "assessing and tracking consumers' stages of change readiness and stages of treatment". This is done to accurately reflect in the record where the client is in terms of their progress, set-backs, identification of coinciding events, mood states, etc. If your team's Specialist is tracking this routinely for each client, you could receive full credit on Service #2 of this scale item.

You can receive ACT specific technical assistance from DMH. Contact Lori Norval, Lori Franklin, Kelly Orr or Susan Blume. They are happy to assist!

Lori.Norval@dmh.mo.gov

Lori.Franklin@dmh.mo.gov

Susan.Blume@dmh.mo.gov

Kelly.Orr@dmh.mo.gov



Follow PACTwise team solutions' blog for interesting articles written by fellow ACT staff with over 30 year's experience in the field at: <https://pactwisetoolbox.com/>

New Online Option to Report Child Abuse and Neglect

for mandated reporters

New online options are now available for mandated reporters to report non-emergency child abuse and neglect.

To report an incident, you may go to: <http://dss.mo.gov/cd/can.htm>.

To learn more about the new online option you may go to: <https://apps.dss.mo.gov/OnlineCanReporting/default.aspx>



RESOURCES



Center for Evidence-Based Practices at Case Western Reserve University

<http://www.centerforebp.case.edu/>

Individual Resiliency Training (IRT)

<https://raiseetp.org/studymanuals/IRT%20Complete%20Manual.pdf>

Copeland Center for Wellness and Recovery

<http://copelandcenter.com/wellness-recovery-action-plan-wrap>

Dartmouth Supported Employment Center

<http://www.dartmouthips.org/>

Missouri Peer Specialist

<http://www.peerspecialist.org/peerspecialist1.0/default.aspx>

SSI/SSDI Outreach, Access and Recovery (SOAR)

<http://soarworks.prainc.com/>

Missouri Recovery Network

www.morecovery.org

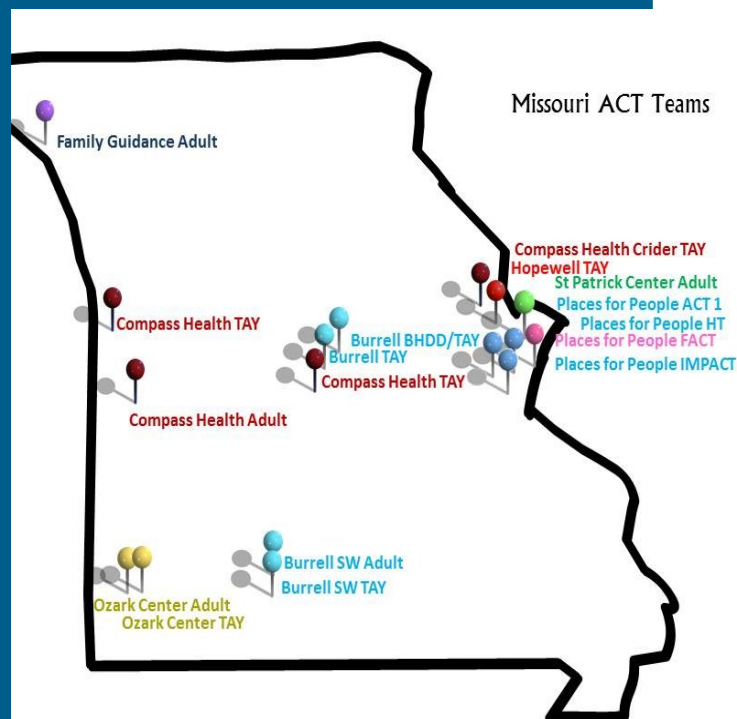
DMH Contact Information:

Susan L. Blume, M.Ed., Manager of Service Implementation & Evaluation
Department of Mental Health
1706 East Elm Street
Jefferson City, MO 65101
Phone: (573) 751-8078
Susan.Blume@dmh.mo.gov

Lori Norval, MS, LPC, Mental Health Manager
Department of Mental Health
2201 N. Elm St.
Nevada, MO 64772
Phone: (417) 448-3476
Lori.Norval@dmh.mo.gov

Kelly Orr, Community Mental Health Specialist
Department of Mental Health
5400 Arsenal Street
St. Louis, MO 63139
Phone: (314) 887-5972
Kelly.Orr@dmh.mo.gov

Lori Franklin, MS., Program Specialist II
Department of Mental Health
1706 East Elm Street
Jefferson City, MO 65101
Phone: (573) 751-0768
Lori.Franklin@dmh.mo.gov



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To access the free
and downloadable
**Supported Hous-
ing Toolkit** on the
Substance Abuse
and Mental Health
Services Admin-
istration
(SAMHSA) web-
site:

[CLICK HERE](#)

Take the free
SOAR
online
training
course by
visiting

<http://soarworks.prainc.com/course/ssissdi-outreach-access-and-recovery-soar-online-training>

DBT Training Opportunities in Missouri - Sign Up
Now! <http://www.dbtmo.org/dbtmo1.0/>

02/03/2017

“Taking the Guesswork out of Sui-
cide Assessment and Intervention”
Kansas City, MO

Apply by
2/1/2017 5:00 PM

02/17/2017

“Dialectical Behavior Therapy: Deliv-
ering Individual DBT-Based Treat-
ment”
Kansas City, MO

Apply by
2/15/2017 5:00 PM

02/13/2017

02/14/2017

“Dialectical Behavior Therapy - Mak-
ing it Work in Our Communities”
Columbia, MO

Apply by
2/10/2017 5:00 PM

03/02/2017

“Dialectical Behavior Therapy: Deliv-
ering Individual DBT-Based Treat-
ment”
Columbia, MO

Apply by
2/27/2017 5:00 PM



**Facing Addiction in America: The Surgeon Gen-
eral's Report on Alcohol, Drugs, and Health**

SAMHSA is pleased to announce the release of *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health*. This landmark report was developed as a collaboration between SAMHSA and the Office of the Surgeon General.

Today, U.S. Surgeon General Vivek H. Murthy published a landmark report on a health crisis affecting every community in our country. *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* is a comprehensive review of the science of substance use, misuse, and disorders. The report is available online at <https://addiction.surgeongeneral.gov/>



Arts & Literature

Expression



American abstract artist Jackson Pollock dealt with clinical depression. He experienced a nervous breakdown in 1938 and resorted to alcohol and substance abuse in order to cope with his debilitating self-doubt and a marriage in turmoil.



Franco-Russian painter Nicolas de Staël (1914–1955) rose to become incredibly influential during the 1950s, a leading figure of his generation. Originally he produced work that redefined the classic landscape painting as a highly abstract form of art, though his later output traded the ether for the real, focusing on more traditional French imagery. A sufferer of depression, de Staël sought tranquility in Antibes, in the south of France.

Creativity

**RESERVED FOR
YOUR SPECIAL
CLIENT ART**